

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10595204

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6	1		1			
7		1		1		
8		2		2		
9		3		3		
10		4		4		
11		5		5		
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20		14		14		
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23		17		17		
24		18		18		
25		19		19		
26		20		20		
27		21		21		
28		22		22		
29		23		23		
30	1		1			
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	29	←	27	←		←
TOTAL CLAIMS	32		30			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						